

# Transgender Patients: Implications for Emergency Department Policy and Practice

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A young woman trauma patient has arrived in the emergency department (ED). When her clothes are cut off, her breasts *and* male genitalia are apparent. Will the care she receives be influenced by this discovery? Ideally, gender expression and identity should not make a difference in health providers' care delivery. But in reality, negative attitudes and lack of knowledge can compromise the care of transgender (TG) patients. What if she were your child? Would you want her to be treated, as any other patient, with dignity and respect? What if she is subjected to ridicule and shame, with inappropriate examinations or inadequate treatment?

"Transgender" is an umbrella term for several distinct but related groups, which include cross-dressers, gender-variant individuals, and transsexuals (TS). Transsexuals often express the feeling of being "trapped inside the wrong body," and they may undergo medical and surgical treatments (sexual reassignment/transition) to align their outer appearance with their gender identity. "Gender identity" refers to the internal sense of feeling male or female, regardless of biologic sex, and it may be firmly expressed by even very young children. Some TG persons do not completely identify with either gender. Gender expression and gender identity are unrelated to sexual orientation. Transgender people may define themselves as heterosexual, gay, lesbian, or bisexual.

Public policy and legislation affecting TG status and rights vary. To date, six states, 62 cities, and 10 counties have passed laws prohibiting discrimination on the basis of gender identity or expression. Eight states have transgender-inclusive hate crime laws. However, most health insurance policies specifically exclude all procedures related to being TS. In fact, transsexual people are routinely denied health policy coverage solely because they are TS. Even those who

have insurance coverage may be denied payment for essential health screenings, such as prostate examinations for male-to-female (MTF) persons and pelvic examinations for female-to-male (FTM) persons.

According to a recent study,<sup>1</sup> TG persons frequently encountered humiliating treatment, widespread insensitivity, and discrimination when seeking health care. There was a lack of provider knowledge necessary to adequately treat the routine health issues of TG individuals, who may remain silent about health issues they fear could lead to further stigmatization or loss of insurance. Another study<sup>2</sup> found that MTF persons were more likely to seek care and adhere to human immunodeficiency virus (HIV) antiretroviral therapies when health care providers were perceived to be aware and accepting of sexual and social identity.

### Implications for emergency nurses

ED clinicians are accustomed to caring for patients who may have stigmatizing conditions and know that patients can end up in the emergency department partly because of limited access to other health care services. Most institutions do not have inclusive policies that recognize or address TG issues, probably simply because of lack of awareness. Transgender persons encounter many of the same challenges and biases when accessing health care as lesbian, gay, or bisexual persons; but their health concerns, especially for transsexuals, may be very different. Although some transitions involve surgery, many involve only hormone use or no medical intervention at all. Many transgender people are seen in the emergency department with the genital characteristics of their birth sex, although they may “pass” in everyday life as the sex to which they have transitioned.

For example, a feminine-appearing 24-year-old patient with severe asthma was placed with three other women in an ED room until it was discovered, during the physical examination, that she had a penis. She was a preoperative transsexual who was taking female hormones. She was immediately moved to a male room, where the other patients called her “babycakes” and “sweetie.” She was ridiculed by some of the staff, who referred to her as “pervert” and “freak.”<sup>3</sup>

My friend’s son recently went to the emergency department with significant pelvic pain, fever, and excruciating pain with urination. The examining physician was not

aware that this masculine-looking fellow was a “transman” (FTM), who injects testosterone but still has female internal organs. He was already undergoing antibiotic treatment for chlamydia and a suspected urinary tract infection (UTI) and had been told by an obstetrics-gynecology nurse practitioner 3 days previously to go to the emergency department if symptoms worsened. During the physical examination, which revealed no penis, the ED physician appeared shocked and embarrassed. An ultrasound of the kidneys and uterus was done, along with a urinalysis and complete blood cell count. Despite the chief complaint of pelvic pain, no pelvic examination was performed in the emergency department. Because of fever, pain, and lack of sleep, he felt powerless to advocate for his own needs and was uncomfortable with how the ED staff reacted to his being trans. He received an intravenous antibiotic for a diagnosis of UTI and was sent home in severe discomfort. Two days later he returned to the nurse practitioner, who examined him and found blisters due to a primary herpes outbreak. Because he still had female reproductive organs, he could have had any related medical problem, ranging from minor irritation to ovarian cancer. A pelvic examination in the emergency department could have helped to detect or rule out a more serious gynecologic condition, such as infection, pelvic inflammatory disease, ovarian cysts, or trauma.

Most TG people remain invisible until a crisis occurs. These crises are not just medical but usually include shunning and further isolation from family and peers. TG individuals may be unemployed and homeless. Denied health insurance, they are unable to afford basic medical and mental health services. Some MTF individuals may resort to sex work to pay for hormones and surgery and may share needles to inject silicone to transform their bodies. They are at increased risk for hepatitis and HIV infection. Other TG health issues, including substance abuse, depression, suicide, and violence from others, are linked to social stigma.<sup>4</sup> All these variables contribute to the vulnerability of TG persons in our health care system.

### Policy and practice recommendations

Institutional or state level consensus policies should be created with inclusive, gender-sensitive standards related to ED patient placement, communication, and work-up. Explicitly including “gender identity” in organizational

nondiscrimination statements and ED nursing practice guidelines could help raise consciousness and promote openness toward TG patients. It is a myth that TG clients only reside in San Francisco, Seattle, or Boston. However, organizations from these communities, such as the Massachusetts GLBT Health Access Project, Seattle and King County Public Health, Kaiser Permanente National Diversity Council, and the Gay and Lesbian Medical Association, have suggested standards of care and clinical guidelines for TG patients that can serve as a resource.<sup>5-8</sup> These guidelines, based on awareness, education, and patient advocacy, are an excellent place to start.

Emergency nurses can help create a safe environment through awareness of gender identity issues and related cultural values. Educating all staff, from front desk to executive directors, is the most effective way of ensuring a unified message for welcoming all clients.<sup>5</sup> Education regarding TG patients could be incorporated into cultural diversity training. As health professionals, we must recognize our personal feelings and biases about TG individuals' motivations or mental status.<sup>6</sup> Assumptions about lifestyle or sexual orientation should be avoided. For example, even after transition, a transgender person may remain with his or her life partner.

Although it may be human nature to be curious regarding the unusual, the emergency nurse can act as the patient's advocate by guarding the individual's right to privacy and protecting the patient from harm, including unnecessary examinations or disrespectful treatment. Transgender patients may be sensitive about disrobing for examinations. We can work to ensure that they are treated with dignity and respect and not forced to fit within rigid gender norms. A key recommendation is for clinicians to refer to TG patients by the gender pronoun (he/she) and by the chosen name with which they identify. Take cues from the individual. Intake forms and the patient interview can be adapted to be inclusive of gender variance and alternative family structure.<sup>6-8</sup> Partners of TG patients should be given the respect usually given to a spouse or relative.

The issue of confidentiality is an important one in health care, but even more so for TG patients. A great deal of worry and effort is expended in "passing" in the new gender. An inadvertent "outing" could cause significant problems with employment and social status, family relationships, and personal safety. Because sexual minority

youth are at increased risk for both suicide and abuse, special attention must be paid to the mental health of a TG teenager.<sup>8</sup> ED clinicians can assess the patient's access to support and offer referrals to appropriate community groups, where available, or to other resources, such as local PFLAG (Parents and Friends of Lesbians and Gays) chapter transgender support groups.

Now, please take a minute to ask yourself this question: how would I want my child to be treated if he or she were transgender? I know that I have a gnawing fear—that some day my own son (who *is* transgender) could arrive at your emergency department with critical injuries, where he might be the subject of ridicule, or where his treatment could even be delayed. I worry—what if he were unconscious and there was no one to advocate for him? My hope? That emergency nurses will.

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